

EXHIBIT 6

*United States Medical Licensing Examination (USMLE)
Policies and Procedures Regarding Indeterminate Scores*

Introduction

USMLE is an examination program that provides a common evaluation system for applicants for medical licensure in the United States. USMLE consists of three Steps, Step 1, Step 2, and Step 3. Results of USMLE are reported to medical licensing authorities in the United States for use in granting the initial license to practice medicine. Many medical schools in the United States require that students pass USMLE Step 1 and/or Step 2 prior to graduation. Graduates of foreign medical schools use USMLE Steps 1 and 2 for purposes of the medical science examination requirement for Educational Commission for Foreign Medical Graduates (ECFMG) certification, which is required to enter an accredited graduate medical education program in the United States. The following policies and procedures regarding indeterminate scores are intended to assure the validity of reported scores. Policies and procedures regarding suspected irregular behavior, which may or may not affect score validity, are described in another document, entitled *USMLE Policies and Procedures Regarding Irregular Behavior*.

A. Policies

1. *Indeterminate scores* are passing level examination results that cannot be certified as representing a valid measure of an examinee's competence in the domains assessed by the examination. Aberrancy(ies) in performance for which there is no reasonable and satisfactory explanation result in passing scores being classified as indeterminate.
2. Statistical procedures will be applied routinely, as well as in response to particular information, to identify scores that may be subsequently classified as indeterminate. Scores identified for potential classification as indeterminate may result from factors such as examinee illness during part of an examination, irregular behavior, or other factors. Classification of scores as indeterminate does not necessarily imply any inappropriate behavior by an examinee. Irregular behavior is not the only basis upon which scores may be invalidated.
3. An examinee's scores will not be reported if the Committee on Score Validity finds that they cannot be certified as representing a valid measure of the examinee's competence in the domains assessed by the examination.
4. If otherwise eligible, an examinee whose scores have been declared indeterminate by the Committee on Score Validity may take an examination, within a specified period of time, to validate the performance on the examination in question, unless the Committee on Irregular Behavior finds that irregular behavior occurred and the examinee is barred from future administrations of USMLE.
5. If the Committee on Score Validity makes a decision to classify scores as indeterminate, an annotation to that effect will be entered on the USMLE record of the examinee and will

appear on USMLE transcripts for examinees. Information regarding the decision of the Committee on Score Validity will be provided with transcripts and, upon request, to legitimately interested entities in accordance with the procedures on indeterminate scores.

B. Procedures

1. These procedures are applicable to instances in which:
 - a) the results of appropriate statistical analyses identify an aberrancy(ies) in performance, i.e., indicate that a score does not or may not represent a reasonable assessment of an examinee's knowledge or competence sampled by the examination. Such statistical analyses include, but are not limited to, analyses which (i) indicate that the pattern of scores for a given examinee is markedly nonuniform and one or more section scores for the examinee is below the passing level; (ii) indicate that the current scores for a given examinee show an unexpectedly large increase over the examinee's most recent prior scores on the same Step; or (iii) indicate that the degree of agreement that is observed between the wrong answers given by two examinees is unusually high as compared with the degree of agreement that would be expected to occur between two randomly selected individuals drawn from a comparison group of examinees; and
 - b) there is no evidence of errors in scoring; and
 - c) there is insufficient evidence available to conclude that the examinee's scores were distorted downward by factors under the control of the test administration entities; and
 - d) the examinee's total score on the current examination is at or above the passing level.
2. In such instances, staff will review any additional information available from examination records that may be helpful in explaining the aberrancy(ies) in performance and, if indicated and feasible, will conduct further investigation.
 - a) For example, in the context of nonuniformity of performance, such further investigation might include, e.g., review of responses to determine whether large numbers of questions were omitted or answered randomly; review of test center administration reports to ascertain whether variation in testing conditions had occurred during the test; and review of any information obtained before or after the examination that might be relevant to his or her performance on the test.
 - b) For example, in the context of an unexpectedly large increase over the examinee's most recent prior score, such further investigation might include review of the examinee's record to ascertain whether the previous examination was taken by the examinee prematurely, i.e., prior to the completion of the medical school curriculum for the subjects covered in the examination; and review of the examinee's record to ascertain whether the examination was taken on multiple prior occasions and, if so, whether the examinee's score on one or more earlier attempts was higher than the examinee's score

on the most recent previous examination.

- c) Staff will review the results of such investigation to determine whether a clearly reasonable and satisfactory explanation for the results of the statistical analyses has been obtained.
- d) When indicated and feasible, staff will conduct, or arrange for the conduct of, additional analyses. Such analyses might include, for example, a handwriting analysis to ascertain whether impersonation might be a possible explanation for the aberrancy(ies) in performance observed. Such additional analyses might also include further statistical analyses.

If such investigation and/or analyses produce non-statistical evidence of irregular behavior on the part of the examinee, USMLE Policies and Procedures Regarding Irregular Behavior will be invoked. Without non-statistical evidence of irregular behavior, the results of statistical analyses will not be used as the basis for referring a matter for further action under the policies and procedures for irregular behavior.

- 3. If such investigation will not be concluded until after the typical period for the reporting of scores, the examinee and any other party to which scores would normally be reported will be notified that the reporting of scores in question is being delayed pending further review and/or analysis.
- 4. If such investigation discloses an explanation for the aberrancy(ies) in performance, which explanation, in the judgment of staff, is clearly reasonable and satisfactory, staff will report the examinee's scores and no further action will be taken pursuant to these Procedures.
- 5. If, at the conclusion of such investigation and the analysis of all available information, staff finds that a clearly reasonable and satisfactory explanation for the aberrancy(ies) in performance has not been disclosed, staff will withhold the scores, if not already released, for the examinee in question, and the evidence will be referred to the Committee on Score Validity, a committee that has been appointed by the Composite Committee. Evidence regarding each examinee with an aberrancy(ies) in performance identified by the statistical procedures referenced above or otherwise is referred to the Committee on Score Validity, if the evidence provides a reasonable basis to question the validity of the scores. Using the examinee's last known address, the examinee involved will be notified of the basis for questioning the validity of scores and will be given the opportunity to submit information for presentation to the Committee on Score Validity. Staff will notify the examinee of the withholding of scores and will provide the examinee with a description of any statistical analyses employed. The examinee will be provided with a copy of the applicable USMLE policies and procedures and will be given an opportunity to provide an explanation for the findings that have been obtained and/or to present information relevant to the assessment of the validity of the scores. The examinee may request the opportunity to appear personally before the Committee on Score Validity. In instances in which the examinee involved appears personally before the Committee on Score Validity, a stenographic or audio recording may be made of that portion of the proceedings during which the examinee is in attendance. The oral presentation will be made under oath.

6. All pertinent information, including a description of any statistical analyses employed and any explanation of other information that the examinee may provide, will be presented to the Committee on Score Validity which is authorized to make a determination regarding the validity of the scores in question.
7. In instances involving suspected irregular behavior which raise concerns about the validity of scores, the Committee on Score Validity and the Committee on Irregular Behavior may elect to review jointly the pertinent information presented to them and/or make a determination jointly regarding an examinee, or either the Committee on Score Validity or the Committee on Irregular Behavior may be the first of the two committees to review evidence and/or make a determination regarding a particular examinee.
8. If, on the basis of the information presented to it, the committee is convinced that a reasonable and satisfactory explanation for the aberrancy(ies) in performance has been obtained, it will direct staff to report the examinee's scores and associated passing grade.
9. If, on the basis of the information presented to it, the Committee on Score Validity is not convinced that a reasonable and satisfactory explanation for the aberrancy(ies) in performance has been obtained, it will classify the examinee's scores as indeterminate and will so advise the examinee and any other party that would normally receive a report of the scores in question. If the scores have been reported, the scores will be revoked and classified as indeterminate, and the examinee, and the entity to which the scores would normally be reported, will be notified. The examinee's record and transcript will have an annotation indicating indeterminate score. The examinee will be advised of the time period in which the decision of the Committee on Score Validity may be appealed to the USMLE Composite Committee, as provided for in Paragraph 12 below, and of the available options with respect to reexamination, as provided for in Paragraph 10 below.
10. Examinees whose scores have been classified as indeterminate and who have not been barred from the USMLE or applicable Step thereof, may elect to take a validating examination, as described below:

An examination comparable in content and in standards to validate the original performance will be made available without charge and must be taken within six months of the date on which the notification advising the examinee of the decision of the Committee on Score Validity was mailed to the examinee. Published limitations with respect to the timing and frequency of retakes of the applicable Step will be waived for purposes of scheduling the validating examination on any day that it is offered.

If the total test score that is obtained on the validating examination is at or above the passing level, the examinee's original scores and associated passing grade will be reported, and no record of the validating examination or annotation will appear on the examinee's transcript. If the total test score that is obtained on the validating examination is below the passing level, the examinee's original scores will not be reported. Scores obtained on the validating examination will not be reported, nor will there be a record of the validating examination.

If the validating examination is not taken within the specified time period or if the validating

examination is taken and not passed, an annotation indicating indeterminate score will remain on the examinee's record and transcript, and information regarding the decision of the Committee on Score Validity and the basis for such decision will be provided with transcripts and to legitimately interested entities upon request.

11. If there is non-statistical evidence of irregular behavior on the part of the examinee, the Committee on Score Validity may decide to refer a matter to the Committee on Irregular Behavior, regardless of the determination by the Committee on Score Validity, or instead of or prior to a determination by the Committee on Score Validity.
12. Provided that the examinee has not yet taken the validating examination, a decision of the Committee on Score Validity may be appealed to the USMLE Composite Committee if the examinee involved has a reasonable basis to believe that the Committee on Score Validity did not act in compliance with applicable USMLE policies and/or procedures or that the decision of such Committee was clearly contrary to the weight of the evidence before it. The request for such an appeal must be received within 90 days of the date on which the notification advising the examinee of the Committee's decision was mailed to the examinee. Notice that the matter is the subject of an appeal will be included with the USMLE transcripts during the pendency of such appeal. A written record, consisting of all information available to the Committee on Score Validity, the records of the Committee's meeting, a transcript of the recording made during the examinee's appearance before the Committee (if there was such an appearance), and the basis for appeal set forth by the examinee, will be reviewed by the Composite Committee. If the Composite Committee determines that the Committee on Score Validity did not act in compliance with applicable USMLE policies and procedures and/or that the decision of the Committee was clearly contrary to the weight of the evidence, the Composite Committee may reverse the decision of the Committee on Score Validity or remand the matter to the Committee on Score Validity for further consideration. If the Composite Committee reverses the decision of the Committee on Score Validity to classify the examinee's scores as indeterminate, all entities having received USMLE transcripts indicating indeterminate score will be notified of the decision of the Composite Committee and provided with updated transcripts. Otherwise, the determination of the Committee will stand. In this latter event, the validating examination, described in paragraph 10 above, must be taken within six months of the date on which the notification advising the examinee of the determination made by the Composite Committee was mailed to the examinee.